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MEDICAL RESERVE CORPS REVIEW

A MONTHLY E-NEWSLETTER SERVING THE MEDICAL RESERVE CORPS UNITS OF IOWA, KANSAS, MISSOURI AND NEBRASKA

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Upcoming Events and Training

Public Health to the Rescue: Emergency Response is Now a Core Function. April 3, 2006, 12:00-1:30 pm CST (satellite conference and live webcast). Sponsored by the National Association of City and County Health Officials (NACCHO). For more information, visit <http://www.adph.org/alphn/480flyer.pdf>.

18th Annual SEMA/MEPA Conference. April 16-19, 2006 in Osage Beach (Tan-Tar-A Resort), MO. Sponsored by the MO State Emergency Management Agency and MO Emergency Preparedness Association.

2006 MRC National Leadership Conference. April 18-21, 2006 in Dallas, TX. Sponsored by the MRC National Program Office. For more information, visit www.medicalreservecorps.gov.

Ready! The Emergency Preparedness and Response Conference and Exposition. April 25-27, 2006 in Washington, D.C. Sponsored by GovSec and Ready! For more information, visit www.readyusainfo.com.

14th Annual National Voluntary Organizations Active in Disasters (NVOAD) Conference. May 9-12, 2006 in Raleigh, NC. Sponsored by NVOAD. For more information, visit www.nvoad.org/annualconf1.php.

Mass Fatality Incidents for Medicolegal Professionals. May 15-19, 2006 in Ashburn, VA. Sponsored by the National Transportation Safety Board (NTSB). For more information, call (571) 223-3907 or visit the NTSB website at www.nts.gov/academy/.

Public Health Emergency Law Conference. May 19-20, 2006 in St. Louis, MO. Sponsored by St. Louis University, Washington University and the Missouri Department of Health and Senior Services.

5th UCLA Conference on Public Health and Disasters. May 21-24, 2006 in Long Beach, CA. Sponsored by the UCLA Center for Public Health and Disasters. For more information, visit www.cphd.ucla.edu/conferenceframe.htm.

Risk Communication Challenge: Proven Strategies for Effective Risk Communication. May 22-24, 2006 in Boston, MA. Sponsored by the Harvard School of Public Health. For more information, visit www.hsph.harvard.edu/ccpe/programs/RCC.shtml.

2006 Missouri Public Health/Bioterrorism Conference. June 7-8, 2006 in Columbia, MO. Sponsored by the MO Department of Health and Senior Services Center for Emergency Response and Terrorism.

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2006 NACCHO Annual Conference. July 26-28, 2006 in San Antonio, TX. Sponsored by the National Association of City and County Health Officials (NACCHO). For more information, call (202) 783-5550 or visit the organization's website at: <http://www.naccho.org/conferences/NACCHOannual06/>.

Draft Missouri Legislation on Liability Protection for Health Care Volunteers

The March 1, 2006 issue of the *CDC Public Health Law News* features an article on draft legislation in Missouri which seeks to provide liability protection for health care volunteers in an emergency. Citing a February 23, 2006 *Kansas City Daily Record* article by Natalie White on the RedOrbit website ("Preparing for Disaster in the Post-Katrina, 9-11 World," the *CDC Public Health Law News* describes bills introduced in the Missouri Senate and House (SB 889 and HB 1118, respectively) that seek to (1) provide liability protection for health care volunteers who provide health and medical assistance during an emergency and (2) allow state agencies to provide contact, licensure, registration or certification information on health care volunteers to government agencies to facilitate the utilization of these volunteers in an emergency. The text of the draft legislation is provided below:

1. Subject to approval by the state emergency management agency during an emergency declared by the governor or general assembly, any health care professional licensed, registered, or certified in this state or any adjoining state who volunteers to be so deployed may be deployed to provide care as necessitated by the emergency, including care necessitated by mutual aid agreements between political subdivisions and other public and private entities under section 44.090. During an emergency, deployed health care professionals shall not be liable for any civil damages for acts or omissions or the failure to exercise the skill and learning of an ordinary careful health care provider in similar circumstances, other than damages due to willful or wanton acts or omissions in rendering such care.

2. In a declared state of emergency, the Department of Health and Senior Services and the Division of Professional Registration within the Department of Economic Development may release otherwise confidential contact and licensure, registration, or certification information relating to health care professionals to state, local, and private agencies to facilitate deployment.

Additional information on these bills is available on the Missouri Senate and House websites at:

Missouri Senate Bill 889:

<http://www.senate.mo.gov/06info/pdf-bill/intro/SB889.pdf>

Missouri House Bill 1118:

<http://www.house.mo.gov/bills061/bills/HB1118.HTM>.

The March 1, 2006 issue of the *CDC Public Health Law News* is available at:

<http://www2a.cdc.gov/phlp/dailynews/default.asp?specifc=297>.

Pandemic Influenza Planning Update

The U.S. Department of Health and Human Services (HHS) has just released its *Pandemic Planning Update*, which describes the progress made in achieving the department's five primary objectives related to preparing for a possible influenza pandemic:

- Monitoring disease spread to support rapid response
- Developing vaccines and vaccine production capacity
- Stockpiling antivirals and other countermeasures
- Coordinating federal, state and local preparation
- Enhancing outreach and communications planning

The complete *Pandemic Planning Update* is available at www.pandemicflu.gov/plan/pdf/panflu20060313.pdf.

State pandemic influenza planning information is available at the following websites:

State of Iowa:

<http://www.pandemicflu.gov/plan/states/iowa.html>

State of Kansas:

<http://www.pandemicflu.gov/plan/states/kansas.html>

State of Missouri:

<http://www.pandemicflu.gov/plan/states/missouri.html>

State of Nebraska:

<http://www.pandemicflu.gov/plan/states/nebraska.html>

A pandemic is not like a hurricane or an earthquake, where resources and help can be shifted from one area to another. Should it occur, every community will need to rely on its own planning and its own resources as it fights the outbreak.

HHS *Pandemic Planning Update*, March 13, 2006

MRC Included in "The Federal Response to Hurricane Katrina: Lessons Learned"

Note: This article, written by CDR Rob Tosatto, MRC National Program Office, was originally distributed to MRC units via the [MRC Listserv](#).

Dear MRC Leaders and Colleagues,

Yesterday, the White House released a document entitled "The Federal Response to Hurricane Katrina: Lessons Learned." This document is the product of an extensive review, led by the President's Homeland Security Advisor Frances Townsend, and it identifies deficiencies in the Federal government's response, recognizes what went right, and lays the groundwork for transforming how the Nation—from every level of government, the private sector, and individual citizens and communities—pursues a real and lasting vision of emergency preparedness and response. We are proud that the Medical Reserve Corps is included in the assessment of the response in a positive light. In addition to the MRC specifically, volunteer related issues are mentioned throughout the stories of what went right, lessons learned, and recommendations for the future.

The following are some highlights which mention the Medical Reserve Corps, Citizen Corps, USA Freedom Corps, and other volunteer related topics from the report. All excerpts are from The Federal Response to Hurricane Katrina: Lessons Learned document, as issued by The White House. To read the entire document, please click on the following link: <http://www.whitehouse.gov/reports/katrina-lessons-learned/index.html>. Page numbers are provided after each quote or comment so readers may quickly reference the excerpts within the full report.

Mentions of MRC, the Surgeon General, Citizen Corps and USA Freedom Corps

- "The number of volunteer, non-profit, faith-based, and private sector entities that aided in the Hurricane Katrina relief effort was truly extraordinary. Nearly every national, regional, and local charitable organization in the United States, and many from abroad, contributed aid to the victims of the storm. Trained volunteers from member organizations of the National Volunteer Organizations Active in Disaster (NVOAD), the American Red Cross, Medical Reserve Corps (MRC), Community Emergency Response Team (CERT), as well as untrained volunteers from across the United States, deployed to Louisiana, Mississippi, and Alabama" (p. 63).
- "Government sponsored volunteer organizations also played a critical role in providing relief and assistance. For example, the USA Freedom Corps persuaded numerous non-profit organizations and the Governor's State Service Commissions to list their hurricane relief volunteer opportunities in the USA Freedom Corps volunteer search engine. The USA Freedom Corps also worked with the Corporation for National and Community Service, which helped to create a new, people-driven "Katrina Resource Center" to help volunteers connect their resources with needs on the ground. In addition, 14,000 Citizen Corps volunteers supported response and recovery efforts around the country. This achievement demonstrates that seamless coordination among government agencies and volunteer organizations is possible when they build cooperative relationships and conduct joint planning and exercises before an incident occurs" (p. 71).
- "The Surgeon General should routinely communicate public health, as well as individual and community preparedness guidance to the general population. While there are other prominent and capable Federal health officials, the Surgeon General's stature and credibility should be used to repeatedly and proactively deliver a consistent public health preparedness message to the public. This will not only help to increase personal, community and national disaster preparedness, it will also make the Surgeon General a more effective and credible source of guidance during public health emergencies" (p. 105).
- "HHS should organize, train, equip, and roster medical and public health professionals in preconfigured and deployable teams. These personnel should be comprised of officers of the Commissioned Corps of the U.S. Public Health Service, the Medical Reserve Corps (MRC), the NDMS, health care providers within DOD and the VA, and volunteer health professionals from the private sector. This is consistent with the HHS efforts to enhance the medical and public health response to meet future challenges by transforming the United States Public Health

Service Commissioned Corps. This will enable a critical emergency response resource to address public health challenges more quickly and efficiently” (p. 113).

- “The Citizen Corps coordinated volunteer efforts throughout the country, with more than 14,000 Citizen Corps volunteers from all 50 states and the District of Columbia actively involved in response and recovery efforts across America. The Harris County, Texas, Citizen Corps Council brought together an enormous number of volunteers to support the American Red Cross and staffed evacuation centers throughout Houston. They processed over 8,000 volunteers in one day, and an average of 3,500 per day overall. These volunteers allowed for the creation of an actual city (with its own zip code) for nearly 25,000 Louisiana evacuees sheltering in the Houston Reliant Astrodome. They were successful because they had coordinated ahead of time with local businesses and volunteer groups, and because they were familiar with and implemented elements of the Incident Command System” (p. 126).

Lessons Learned

- “The Federal response should better integrate the contributions of volunteers and nongovernmental organizations into the broader national effort. This integration would be best achieved at the State and local levels, prior to future incidents. In particular, State and local governments must engage NGOs in the planning process, credential their personnel, and provide them the necessary resource support for their involvement in a joint response” (p. 114).
- “The Federal government, working with State, local, NGO, and private sector partners, should combine the various disparate citizen preparedness programs into a single national campaign to promote and strengthen citizen and community preparedness. This campaign should be developed in a manner that appeals to the American people, incorporates the endorsement and support of prominent national figures, focuses on the importance of individual and community responsibility for all-hazard disaster preparedness, provides meaningful and comprehensive education, training and exercise opportunities applicable to all facets of the American population, and establishes specialized preparedness programs for those less able to provide for themselves during disasters such as children, the ill, the disabled, and the elderly” (callout box, p. 80).
- “Medical and public health assets provided excellent care to thousands of displaced patients with both acute injuries and with chronic medical conditions, many of whom had multiple complex medical requirements. According to the Governors from the Gulf Region, medical and public health professionals were true heroes of the Hurricane Katrina response” (p. 46).

Integrating, training, and preparing volunteers were pointed out—throughout the document—as keys for being better equipped for any disaster which may lie ahead. The MRC can and will do better to collaborate at all levels. We have laid out a solid foundation on which to grow stronger and more prepared, and we are now being recognized at the highest level for our efforts and involvement.

In this document, we see that there is a heightened sensitivity and importance put on public health preparedness. Rather than working in reaction to disaster and crisis, we must instead make a greater effort to prepare for them. Public health preparedness has always been a strong component of the MRC, as well as a priority of the U.S. Surgeon General, the Secretary of Health and Human Services and the President of the United States. Americans are being charged to convert our culture to one of preparedness and to become more aware that the nation shares common goals and responsibilities for homeland security. MRC leaders and volunteers understand this, as well as live it. Now, we all must work even harder within our communities, states, and across the nation to bolster this mentality amongst our fellow citizens. As a program, the MRC is in a place to make a real difference in future responses, by helping to prepare and educate our neighbors today.

Warm regards,

Rob [Tosatto]

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